

## **Department of Professional Licensing**

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## **MAILING LIST REQUEST**

Please complete the following information to request a licensee mailing list. All lists are created in Microsoft Excel and will be provided electronically via email.

Contact Information				
Contact Name			Date	of Request
Email Address (List will be sent to	this address) Primary P	hone Number	Secondary Pho	one Number
Company Name				
Street Address	City	State		Zip Code
Indicate the Board You Are Req (Visit http://dop.ky.gov for a list o		Department of Prof	fessional Licens	sing)
*Costs for mailing lists are \$15 for	Registered Athlete Ager	nts.		
Please mail your completed form, payable to:	along with a Thirty Dolla	ar (\$15.00) check o	r money order	made
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Frankfort, KY 40602			Revised	i 2/27/19